

CRITERIA FOR PRIOR AUTHORIZATION

Osphena® (ospemifene)

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Ospemifene (Osphena)

CRITERIA FOR OSPHENA Must meet all of the following:

- Patient must have dyspareunia
- Patient must be 18 years of age or older
- Patient must be female
- Patient must be menopausal or postmenopausal
- Patient must be taking a progestin concurrently or no longer have a uterus
- Patient must not have any of the following contraindications
 - Undiagnosed abnormal genital bleeding
 - Known or suspected estrogen-dependent neoplasia
 - Active or history of DVT or pulmonary embolism
 - Active or history of arterial thromboembolic disease (e.g., stroke or myocardial infarction)
 - Known or suspected pregnancy
- Dose must not exceed 1 tablet per day

LENGTH OF APPROVAL 12 months